



Joint Interim Committee On The First Special Session
900 Court Street NE, Suite 254
Salem, OR 97301-4047

(sent electronically)

June 22, 2020

RE: LC 45, Sections 45-47 OSHA Infectious Standards and 48-51 REALD Date Collection

Senate President Courtney and Speaker Kotek, vice chairs Senate Republican Leader Girod and House Republican Leader Drazan and members of the Joint Interim Committee on The First Special Session of 2020 –

On behalf of Oregon's 62 acute care hospitals and health systems, we appreciate the opportunity to provide input on the legislative concepts this committee is considering during the first special session scheduled for June 24th. We also recognize not all legislative issues that need to be addressed will be in this first special session. We will continue to engage on important issues that should be considered in future special sessions – as they equally merit the same attention as the ones being discussed today. These include collectively addressing state budget reductions, protecting investments that have already been made in our behavioral health system; policy discussions on liability protections for health care providers and facilities when it was necessary to change the standard of care in order to address COVID-19 and ensuring access to care through coverage.

The challenges Oregon communities face are unprecedented and are highlighting Oregon hospitals' mission as even more significant to Oregonians well-being. Regardless of one's race, ethnicity, disability, preferred language, ability to pay hospitals are the place where individuals and families can seek the health care they need and a place they can seek solace in times of great uncertainty.

It is our intent to provide specific comments to the sections of LC 45 that are specific to hospitals and, when appropriate, provide a recommendation.

LC 45, Sections 45-47, Oregon OSHA Infectious Disease Standards

Oregon's hospitals and health care facilities already adhere to strict personal protective equipment (PPE) guidance and infection control standards set by many state and federal agencies including the Oregon Health Authority, Centers for Medicare and Medicaid Services and Federal Drug Administration. In response to COVID-19, guidance has changed frequently as new, emerging scientific information is understood and developed into these guidelines to protect patients,

families and our staff. LC 45 (Sections 45-47) does not take into consideration the existing guidance hospitals and health care facilities are adhering to mitigate occupational spread of infections. How will the agency adapt to the evolving guidelines?

In addition, the Governor's Office and OHA have convened a workgroup of health care providers to develop consensus PPE recommendations for non-urgent and elective procedures. This workgroup includes OAHHS, Oregon Ambulatory Surgery Center Association, Oregon Chapter of the American College of Emergency Physicians, Oregon Dental Association, Oregon Medical Association, Oregon Nurses Association and Service Employees International. OAHHS is at the table in good faith in these discussions. The workgroup is due to conclude its work no later than July 15, 2020. We thank the Governor's Office for bringing this group together on this important issue.

OAHHS and its members respectfully ask hospitals and health care facilities that are subject to OHA, CMS and FDA guidelines be exempt from this bill. And at a minimum, we feel strongly that this section needs to clarify that any new OSHA standards would need to align with already established state and federal regulatory requirements. OAHHS requests the following clarification be added to the legislation:

- *Health care facilities defined under ORS 442.015, that are subject to OHA, CMS or FDA guidelines for infectious disease control, be exempted.*
- *The Department of Consumer and Business Services shall ensure alignment with current state and federal infectious disease standards or guidelines for health care facilities and shall not create duplicative standards.*

LC 45, Sections 48-51, REALD Data Collection

Hospitals are places of healing. We are anchors of the communities we serve. And yet, we see health outcomes vary across racial and ethnic groups. These differences occur because of generations-long social and economic injustices that result in poor health. We have seen Black Oregonians and communities of color disproportionately affected by COVID-19, in terms of infections and deaths. We cannot consider our mission as health care providers complete until we address these inequities where everyone reaches their highest potential for health. And we cannot do this unless we commit, all of us together, to fostering racial equity across all aspects of our society.

We appreciate the continued focus on collecting data pertaining to race, ethnicity, language and disability status as a step to use data to understand these effects, especially on those communities who are disproportionally impacted to understand how we can do better together. We applaud the intent and direction in LC 45 Sections 48-51. We understand modifications are coming that will take into account our earlier concerns with the bill. It is our understanding these modifications will:

- ***Establish considerations OHA must take-into for the establishment of the data collection.*** We support action by OHA to ensure clarity, consistent collection expectation of this data. We also want to understand what expectation providers will have on timelines to

understand those rules, potential operational considerations and reporting deadlines after we understand the rules.

- ***Convening and frequency of reporting***

OHA will establish a phase in reporting collection beginning October 2020 and outline in rules the frequency of reporting.

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Thank you for your consideration to Sections 45-47 and 48-51 that directly impact hospitals and health systems.

Respectfully,

A handwritten signature in black ink, appearing to read "Andi Easton", with a stylized, cursive script.

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